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DECLARATION**LEGAL REPRESENTATIVES (35 U.S.C. 117)**

Supplemental Sheet

Page _____ of _____

Nam of L gal R presentativ :		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
LUTHER CARVIN		HARGIS	
Legal Representative's Signature Luther Calvin Hargis		Date 11/27/2003	
Residence: City WARWICK	State NY	Country US	Citizenship US
Mailing Address 40 MAPLE AVE.			
Mailing Address			
City WARWICK	State NY	Zip 10990	Country US
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	
	First Named Inventor	
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NON-COMPRESSION CARPAL/WRIST KEYBOARD BRACE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/430,535	12/4/2002	

[Page 1 of 2]

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Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name DR. LUTHER CALVIN HARBIS

Address 40 MAPLE AVE.

Address

City WARWICK

State N.Y.

ZIP 10990

Country U.S.

Telephone 845-986-5500

Fax 845-986-6627

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) VERONICA ROSE

Family Name
or Surname HARBIS

Inventor's
Signature DECEASED 9/22/03

Date 11/27/03

Residence: City WARWICK

State NY

Country US

Citizenship

Mailing Address 40 MAPLE AVE.

Mailing Address

City WARWICK

State NY

ZIP 10990

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No. _____, filed on _____,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: VERONICA ROSE HARGIS DECEASED 9/22/03Signature: _____ Citizen of: US

Inventor two: _____

Signature: _____ Citizen of: _____

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DURABLE GENERAL POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD
YOU BECOME DISABLED OR INCOMPETENT**

**(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM
YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR
PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO
MORTGAGE, SELL OR OTHERWISE, DISPOSE OF ANY REAL OR PERSONAL
PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE
POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR
INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK
GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTION 5-1502A THROUGH
5-1503, WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT
FORM OF POWER OF ATTORNEY.**

**THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR
OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY
TO DO THIS.**

**IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND,
YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)**

**THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY
pursuant to Article 5, Title 15 of the New York General Obligations Law:**

I, VERONICA ROSE HARGIS

residing at 30 MAPLE AVENUE, WARWICK, NEW YORK 10990

do hereby appoint: LUTHER CALVIN HARGIS

residing at 40 MAPLE AVENUE, WARWICK, NEW YORK 10990

my attorney(s)-in-fact TO ACT

**(If more than one agent is designated, CHOOSE ONE of the following two choices by
putting your initials in ONE of the blank spaces to the left of your choice:)**

() Each agent may SEPARATELY act.

() All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

V.H. 6/23/03

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law and to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated)

- | | | |
|--------|-----|--|
| () | (A) | real estate transactions; |
| () | (B) | chattel and goods transactions; |
| () | (C) | bond, share and commodity transactions; |
| () | (D) | banking transactions; |
| () | (E) | business operating transactions; |
| () | (F) | insurance transactions; |
| () | (G) | estate transactions; |
| () | (H) | claims and litigation; |
| () | (I) | personal relationships and affairs; |
| () | (J) | benefits from military service; |
| () | (K) | records, reports and statements; |
| () | (L) | retirement benefit transactions; |
| () | (M) | making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000.00 to each of such persons in any year; |
| () | (N) | tax matters; |
| () | (O) | all other matters; |
| () | (P) | full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select; |
| (U.H.) | (Q) | each of the above matters identified by the following letters: |

A.B.C.D.E.F.G.H.I.J.K.L.M.N.O.P

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of Section 5-1503 of the New York General Obligations Law.)

This durable power of attorney shall not be affected by my subsequent disability or incompetence.

If every agent named above is unable or unwilling to serve, I appoint MICHAEL BARTEK, residing at 436 East McFarlan Street, Dover, NJ 07801

to be my agent for all purposes hereunder.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVE RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

The powers granted under (A) and (B) above are enlarged so that all fixtures and articles of personal property which at the time of such transaction are or which may thereafter be attached to or used in connection with the real property may be included in the deeds, mortgages, agreements and any other instruments to be executed and delivered in connection with real estate transactions and which may be described in said instruments with more particularity.

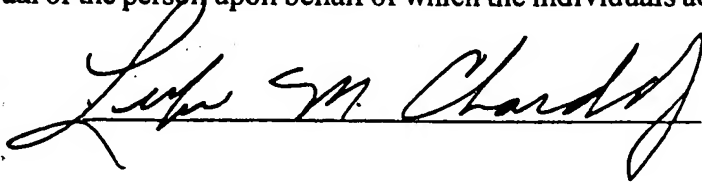
I will not question the sufficiency of any instrument executed by my attorney(s)-in-fact pursuant to this power of attorney notwithstanding that the instrument fails to recite the consideration therefor or recites merely a nominal consideration; any person dealing with the subject matter of such instrument may do so as if full consideration therefor had been expressed therein.

IN WITNESS WHEREOF I have hereunto signed my name this 23rd day of June, 2003.

Veronica Rose Hargis
VERONICA ROSE HARGIS

STATE OF NEW YORK)
COUNTY OF ORANGE)ss.:

On the 23rd day of June, 2002 before me the undersigned, a Notary Public in and for said State, personally appeared VERONICA ROSE HARGIS, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of which the individuals acted, executed the instrument.



LUKE M. CHARDE, JR.
NOTARY PUBLIC, STATE OF NEW YORK
02CH4620076
QUALIFIED IN ORANGE COUNTY
COMMISSION EXPIRES JAN. 31, 2006

3589
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

RESIDENCE: 112

NAME: Veronica Hargis

SEX: FEMALE

DATE OF DEATH: 09/22/2003

HOUR: 6:00A

PLACE OF DEATH: HOSPITAL

NAME OF FACILITY: 40 Maple Ave

LOCALITY: Warwick

COUNTY OF DEATH: Orange

DATE OF BIRTH: 11/27/1950

AGE: 52

CITY AND STATE OF BIRTH: Dover, NJ

SERVED IN U.S. ARMED FORCES: NO

DECEDENT'S RACE: White/Caucasian

DECEDENT'S EDUCATION: 8th grade

SOCIAL SECURITY NUMBER: 150-38-6974

MARITAL STATUS: NEVER MARRIED

SURVIVING SPOUSE: Calvin Hargis

USUAL OCCUPATION: Registered Nurse

KIND OF BUSINESS OR INDUSTRY: Health

NAME AND LOCALITY OF COMPANY OR FIRM: Dr. Calvin Hargis

RESIDENCE: NY

CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES

STREET AND NUMBER OF RESIDENCE: 40 Maple Ave.

ZIP CODE: 10990

NAME OF FATHER: Stephen Bartek

MAIDEN NAME OF MOTHER: Concetta Togno

NAME OF INFORMANT: Calvin Hargis

MAILING ADDRESS: 40 Maple Ave, Warwick, NY 10990

PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Oxford Hill

LOCATION: Chester, NY

NAME AND ADDRESS OF FUNERAL HOME: Lazear-Smith & VanderPloot Memorial Home, 17 Oakland Ave, Warwick, NY 10990

NAME OF FUNERAL DIRECTOR: Robert N. Smith

SIGNATURE OF FUNERAL DIRECTOR: [Signature]

SIGNATURE OF REGISTRAR: [Signature]

DATE FILED: 09/22/2003

BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature]

DATE ISSUED: 09/22/2003

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN, CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFICATION - CHECK ONE: I am the attending physician or a physician acting on behalf of the attending physician and to the best of my knowledge, death occurred at the time, date and place and due to the causes stated.

NAME: Dr. Dinsmore, MD

ADDRESS: 155 Cysm Rd, Middletown, New York 10941

DATE: 09/22/2003

TIME: 6:00A

CAUSE OF DEATH: PANCREATIC CANCER

INTERVAL: 4 mos

INJURY AT WORK? NO

DATE OF DELIVERY: 09/22/2003

COPY

**LAST WILL AND TESTAMENT
OF
VERONICA ROSE HARGIS**

I, **VERONICA ROSE HARGIS**, of the Town of Warwick, County of Orange, State of New York, being of sound mind and memory, do make, publish and declare this to be my Last Will and Testament, revoking all Wills and Codicils which I have previously made.

FIRST: I direct that all my just debts and funeral expenses be paid as soon after my decease as practicable.

SECOND: All of my personal effects and household furnishings, I bequeath to my beloved husband, **LUTHER CALVIN HARGIS**.

THIRD: I give, devise and bequeath all the rest, residue and remainder of my property, real and personal, of every kind and nature, and wheresoever situate, and any and all property over which I have a power of disposal, to my beloved husband, **LUTHER CALVIN HARGIS**.

FOURTH: In the event my husband and I shall die under circumstances in which it cannot be determined who died first, or in the event he shall predecease me, or fail to survive me by more than thirty (30) days, I then instruct that my estate be distributed as follows:

(a) I bequeath all of my household furnishings and personal effects to my Executor, with the direction that the Executor divide these items of personal property equitably among my four (4) children;

(b) I give, devise and bequeath all the rest, residue and remainder of my property and estate, real or personal property of every kind and nature and wheresoever situated, and any and all property over which I have a power of disposal to my Trustees, hereinafter named, according to the

Trust, except for DANIEL DREW HARGIS' needs to live in a comfortable manner. After DANIEL DREW HARGIS attains the age of Thirty-Five (35) years, the Trustees may continue the Trust under the same terms or terminate the Trust as the Trustees see fit in their sole and absolute discretion. In the event DANIEL DREW HARGIS passes away while the Trust is still in existence, the principal and/or accumulated income of the Trust shall go to DANIEL DREW HARGIS' issue and if he dies leaving no issue, it shall be divided among my three (3) daughters, or if any one (1) or more of them are deceased, to their issue, and if they die leaving no issue, to my surviving daughter or their issue.

FIFTH: I hereby nominate, constitute and appoint my husband, LUTHER CALVIN HARGIS, as Executor of this, my Last Will and Testament. In the event LUTHER CALVIN HARGIS shall predecease me or otherwise be unable to serve as Executor, I then nominate, constitute and appoint my brother, MICHAEL BARTEK, as Alternate Executor of this, my Last Will and Testament.

SIXTH: I hereby nominate, constitute and appoint as Trustees of all of the Trusts, my brother and sisters,, MICHAEL BARTEK, NANCY LARGENT and MARY NEGRI. The Trustees may designate one (1) of the three (3) Trustees to act in managing the account(s) and that Trustee may be the sole signator for withdrawals from the account(s). However, all decisions regarding the extent of distributions and the termination of DANIEL DREW HARGIS' Trust Fund shall be done by a majority vote of the three (3) Trustees. In the event any one (1) of the Trustees is unable to serve or thereafter passes away and/or otherwise becomes unable to serve, I nominate, constitute and appoint STEVEN BARTEK as the First Alternate Trustee and my daughter, ERIN MARIE HARGIS as the Second Alternate Trustee. In the event that it ever comes to pass that there are only two (2) Trustees for the Trust, then my daughter, ERIN MARIE HARGIS, may nominate one (1) of her

under my Will.

D. My Executor shall be entitled to receive compensation with respect to any property held for any minor pursuant to this paragraph of my Will at the same rate and in the same manner payable to testamentary trustees under the Laws of the State of New York.

EIGHTH: No bond or other security shall be required of the persons named herein as Executors or their successor or successors, in any jurisdiction whatsoever, for the faithful and proper performance of their duties.

NINTH: Whenever necessary to preserve the meaning, intent and sense of this Will, words indicating masculine and feminine and the singular and plural shall construed interchangeably.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the 23rd day of June, 2003.

Veronica Rose Hargis
VERONICA ROSE HARGIS

WITNESSES:

Luke M. Charley
Dawn M. Page

The foregoing instrument, consisting of five (5) typewritten pages including this page, was signed, sealed, published and declared by the above named Testatrix, who was of sound mind and memory and who realized the natural bounty of her affection as her Last Will and Testament, in our presence, and we, at her request, signed our names as witnesses the 23rd day of June, 2003.

Luke M. Charley P.O. Box 712
Dawn M. Page Warwick, N.Y. 10996
160 Walnut Street
Albany, N.Y. 12206